

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norwin W. Wolff, Timothy L. Martin and Thomas L. Hiff

Application No.: 10/591,886 Group: 1796

Filed: April 26, 2007 Examiner: Frances Tischler

Confirmation No: 6951

For: PERSONAL CARE FIXATIVE

CERTIFICATE OF MAILING OR TRANSMISSION

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Sir:

Transmitted herewith is a Request for Continued Examination and Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

			SMALL ENTITY		OTHER THAN SMALL ENTITY			
			RATE	ADDIT. FEE	RATE	ADDIT. FEE		
TOTAL	28	MINUS	X \$ 26	\$ [ ]	X \$52	\$ [ ]		
INDEP	1	MINUS	X \$110	\$ [ ]	X \$220	\$ [ ]		
			+	\$195	\$ [ ]	+	\$390	\$ [ ]
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			TOTAL = \$ [ ] 0		TOTAL = \$ [ ] 0			
			*	not fewer than 20				
			**	not fewer than 3				

**The Application Size Fee has been calculated as shown below:**

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
39	100	0	X \$135	\$[ ]	X \$270	\$[ ]

Payment Sufficient for up to
100 Sheets

**Petition for Extension of Time**

Applicant hereby petitions to extend the time to respond to the Office Action made Final dated July 8, 2009 for one month(s) from October 8, 2009 to November 8, 2009. The appropriate fee is set forth below.

[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$ 130
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:  Request for Continued Examination	\$ 810 \$ _____  TOTAL: \$ 940

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:  _____	\$ _____ _____
		TOTAL: \$ _____

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: October 19, 2009